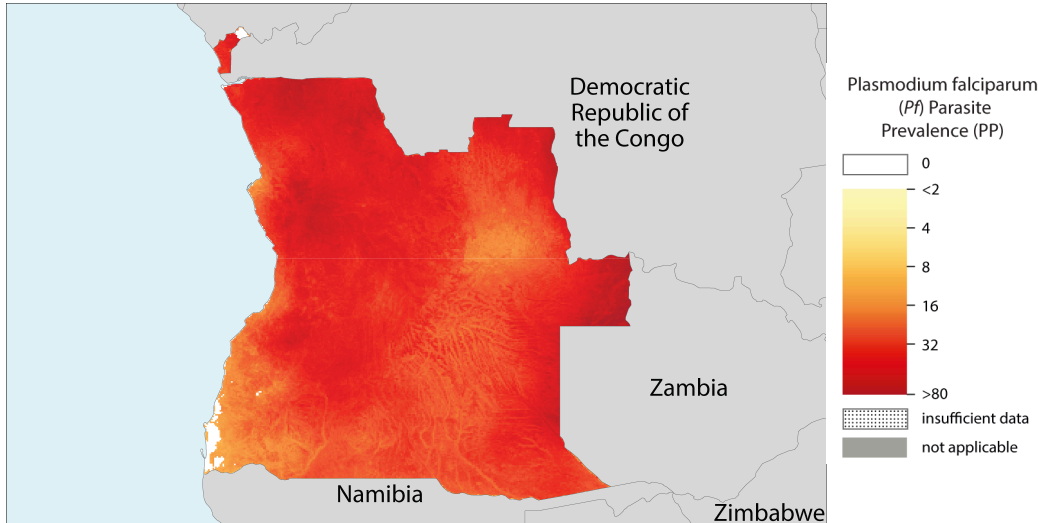


Republic of Angola

African Region



I. Epidemiological Profile

Population Distribution (Country reported)

Population	2024	%
High transmission (>1 case per 1000 population)	35.1M	100.0%
Low transmission (0-1 case per 1000 population)	-	0.0%
Malaria free (0 cases)	-	0.0%
Total	35.1M	100%

Parasites and Vectors

Major Plasmodium Species

*P. falciparum**: 100%

P. vivax: -

*Includes mixed infections and other species of Plasmodium

Major Anopheles Species

An. gambiae s.s., *An. funestus* s.s., *An. lesteri*, *An. nili*

Reported Cases and Deaths

Total cases (presumed + confirmed)	12.0M
Total confirmed cases	10.6M
Confirmed cases from public sector (health facility)	10.5M
Confirmed cases at community level	109.3K
Confirmed cases from private sector	0
Reported deaths	11.4K

WHO Estimates

9.8M
Estimated Cases
Confidence Interval: [6.1M,14.9M]
16.4K
Estimated Deaths
Confidence Interval: [11.4K,25.5K]

II. Intervention policies and strategies

Interventions and Policies

Intervention	Policies/Strategies	Policy	Year
Diagnosis	Malaria diagnosis with either microscopy or RDTs are free in the public sector	Yes	2006
	ACTs for malaria treatment is free in the public sector	Yes	2006
Treatment	ACT is delivered at community	Yes	2020
	Pre-referral Rx with rectal artesunate suppositories at community level	No	-
	Single dose of primaquine is used as gametocidal medicine for <i>P. falciparum</i>	Yes*	2012
	The sale of oral artemisinin- based monotherapy drugs	is banned	2006
	IPT	IPT used to prevent malaria during pregnancy	Yes
IPT	Community based delivery of IPTp (c-IPTp) is used to prevent malaria during pregnancy aligned with WHO recommendation	No	-
	Seasonal malaria chemoprevention (SMC) is used, aligned with WHO recommendation	No	-
	Perennial Malaria Chemoprevention (PMC) is used, aligned with WHO recommendation	No	-
	Intermittent Preventive Treatment in school-aged children (IPTsc) is used, aligned with WHO recommendation	No	-
	Surveillance	Malaria is a notifiable disease	Yes
Surveillance	Case investigation and classification is undertaken	Yes*	2023
	Foci investigation and classification is undertaken	No	-
	Case reporting from private sector is mandatory	Yes*	1980
ITN	ITNs distributed free of charge through through mass campaign to all age groups	Yes*	2019
	ITNs distributed free of charge through routine channels to all age groups	Yes	2019
	ITNs durability is monitored	Yes	2010
IRS	IRS is an intervention at the NMP	Yes*	2009
	DDT is used for IRS	No	-

Antimalarial Treatment Policy

Antimalaria treatment policy	Medicine	Year adopted
First-line treatment of unconfirmed malaria	DHA-PPQ; AS+AQ; AL	2016
First-line treatment of <i>P. falciparum</i>	AL; DHA-PPQ; AS+AQ	2016
For treatment failure of <i>P. falciparum</i>	Other; NA	2016
Treatment of severe malaria	AS	2016
Treatment of <i>P. vivax</i>	AL; DHA-PPQ; AS+AQ	2016

Type of RDT used (public)

P.f + P.v specific (Combo)

Therapeutic efficacy tests (clinical and parasitological failure, %)

Medicine	Year	Min	Median	Max	Follow-up	No. of studies	Species
AL	2015-2021	1.1	7	13.6	28 days	9	Pf
AS-AQ	2015-2021	0	0	9	28 days	9	Pf
AS-PY	2021-2021	0	0	0	42 days	1	Pf
DHA-PPQ	2015-2021	0	0	2	42 days	5	Pf

Resistance status by insecticide class (2020-2024) and use of class for malaria vector control (2024)

Insecticide class	(%) sites ¹	Vectors ²	Used ³
Carbamates	-	-	No
Neonicotinoids	-	-	No
Organophosphates	-	-	Yes
Pyrethroids	100 (3/3)	<i>An. coluzzii</i> , <i>An. gambiae s.l.</i>	Yes

¹ Percent of sites for which resistance is confirmed and total number of sites that reported data

² Vectors reported to exhibit resistance to insecticide class

³ Class reported as used for malaria control in 2024

Intervention	Policies/Strategies	Policy	Year
Larval source management	Use of Larval source management	Yes	2012

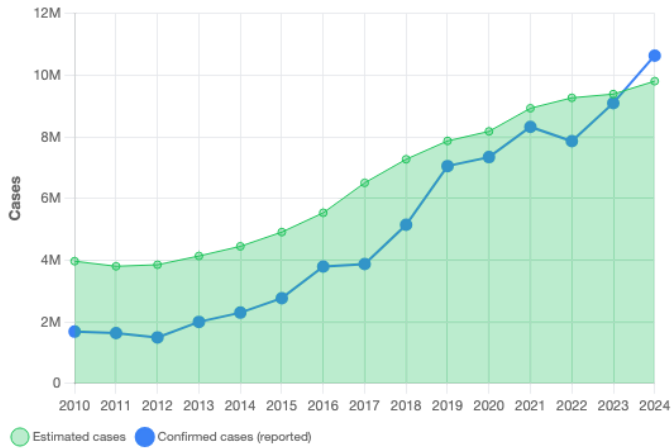
Yes* = Policy adopted, but not implemented in 2024, or no data exist to support implementation

No = Policy does not exist or policy has been discontinued

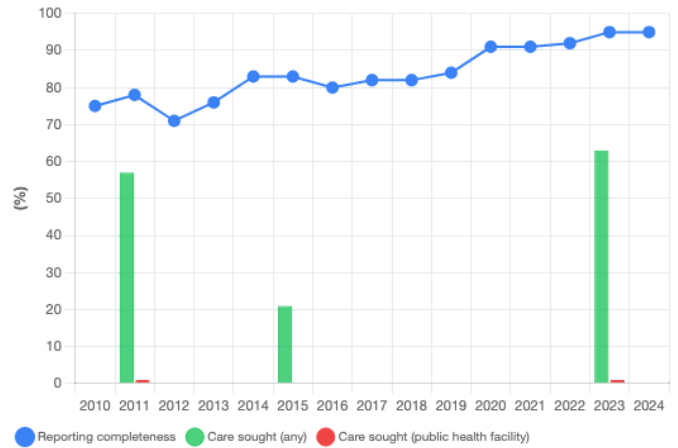
Earliest year that policy is adopted was adjusted based on the earliest year that the WHO policy was recommended

III. Data Visualization

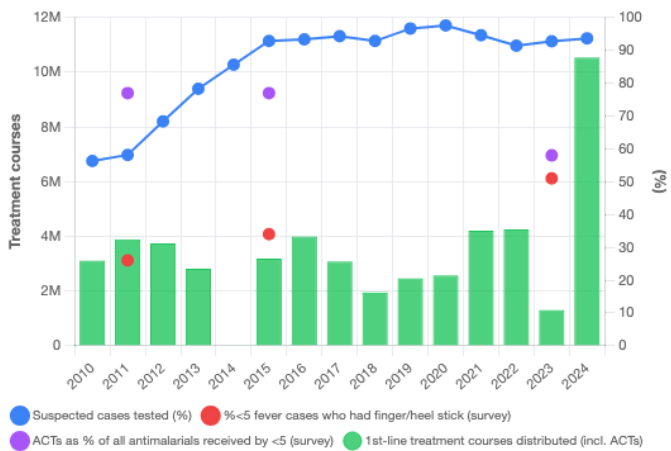
Estimated and reported cases



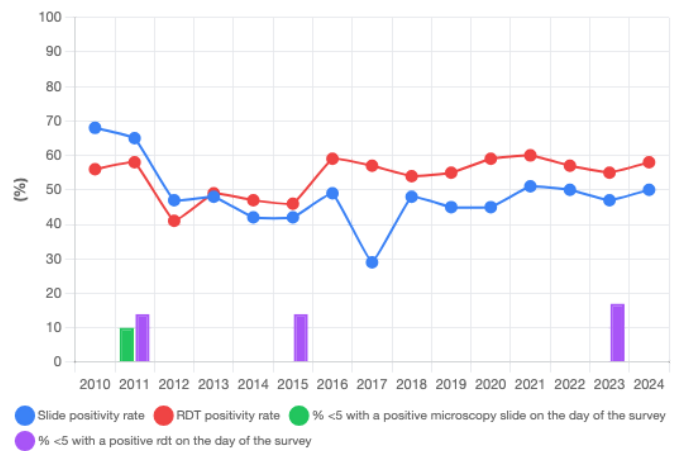
Treatment seeking and reporting completeness



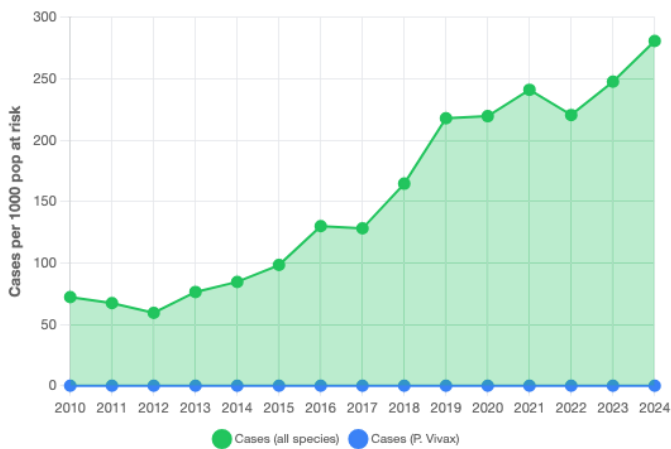
Cases tested and treated



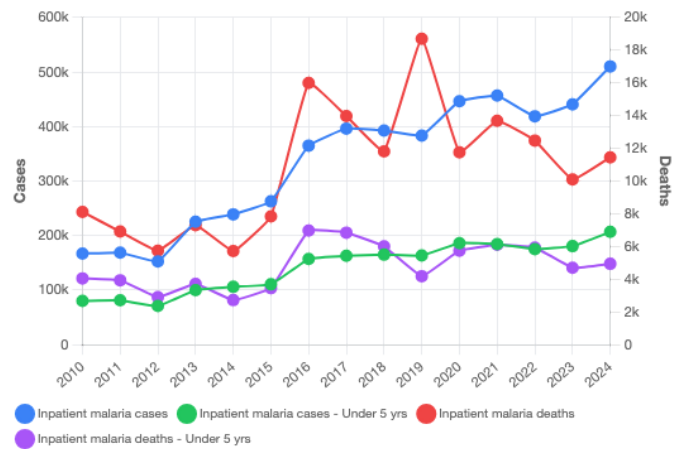
Test positivity



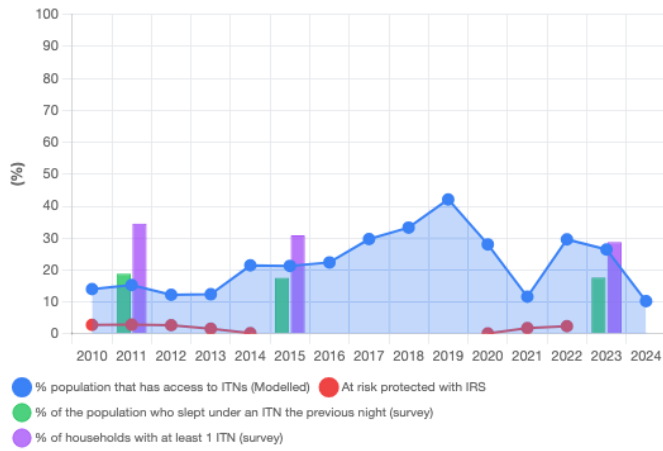
Confirmed malaria cases per 1000 population at risk



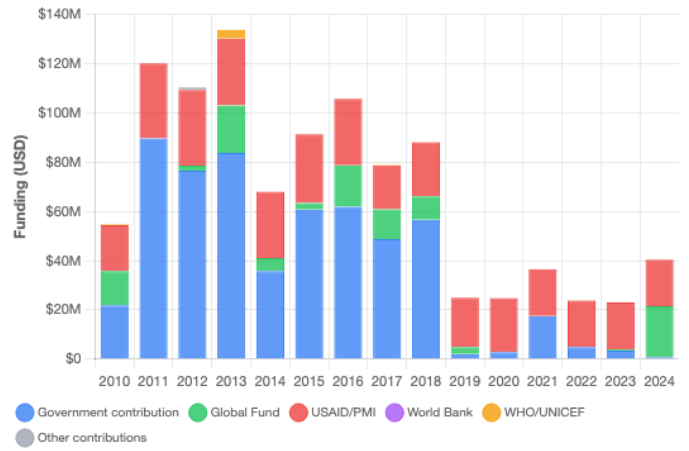
Malaria inpatients and deaths



Coverage of ITN and IRS



Sources of financing



Footnotes

Country profiles are generated automatically based on data reported by countries. They are available for all current malaria endemic countries and areas asked to report to the Malaria and Neglected Tropical Diseases Programme annually. Country profiles are based on data validated by the countries as of 15 October 2025.

Survey sources: DHS 2015,2023, MIS 2011

The estimates presented in this country profile should be interpreted with caution; malaria cases are inferred from parasite prevalence measured in surveys and converted to incidence using spatiotemporal and prevalence-to-incidence models, with adjustments for major service disruptions. Malaria deaths were estimated by applying the proportion of child deaths due to malaria derived from multiple data sources to total child mortality and then extending the results to older age groups.

Further information on the methods used to estimate malaria cases and deaths can be found in Annex I of the 2025 WMR, and an explanation for the gap between estimated and reported confirmed indigenous cases is provided in [mpac-april2018-erg-report-malaria-burden-session6.pdf](https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf) (https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpac-april2018-erg-report-malaria-burden-session6.pdf?sfvrsn=44e72782_2).

World Malaria Report 2025